

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		AFFIDAVIT AFFIDAVIT		AFFIDAVIT AFFIDAVIT	
	CID	DEP	CID	DEP	CID	DEP
1						
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TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

	AD FILED		AFFIDAVIT AFFIDAVIT		AFFIDAVIT AFFIDAVIT	
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100						
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

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